CONSENT FOR EMERGENCY MEDICAL TREATMENT- Children's Residential Facilities

	AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO			
		O PROVIDE	ALL EMERGENCY MEDICAL OR DENTAL CARE	
	PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR			
	CONDITIONS ARE NECESSARY TO PRESERVE THABOVE.	IE LIFE, LIN	IB OR WELL BEING OF THE CHILD NAMED	
CHILE	HAS THE FOLLOWING MEDICATION ALLERGIES:			
	DATE		PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE	
HOME AD	DRESS			
HOME PH	IONE .	WORK PHONE		
()	()		
LIC 627B	(4/00) (CONFIDENTIAL)			
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STATE OF	CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING	
	NSENT FOR EMERGENCY MEDICAL dren's Residential Facilities	TREAT	MENT-	
	AS THE PARENT OR AUTHORIZED REPRESENTAT	ΓΙVE, I HER	EBY GIVE CONSENT TO	
	TO PROVIDE ALL EMERGENCY MEDICAL OR DENTAL CARE			
	PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR			
	THIS CARE MAY BE GIVEN UNDER WHATEVER			
	CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE.			
CHILE	HAS THE FOLLOWING MEDICATION ALLERGIES:			
	DATE		PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE	
HOME AD	DRESS			
HOME PH	IONE	WORK PHONE		
()	()		

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